

**CITY OF MOUNTAIN VIEW
2003 NEIGHBORHOOD GRANT PROGRAM
APPLICATION FOR FUNDS**

(Please Print or Type)

Name of Neighborhood Association or Proposed Association: _____

Name of Neighborhood Project: _____ Date: _____

Amount of Funds Applying for: \$ _____ **(NOTE: Limited to no more than \$1,500 per association.)**

Project Leader: _____

Address: _____

Phone Number: (____) _____ (Day) (____) _____ (Evening)

E-Mail (Optional): _____

SECTION 1. NAME OF OTHER PROJECT TEAM MEMBERS

1. Name: _____

Address: _____

Phone: (____) _____

E-Mail (Optional): _____

2. Name: _____

Address: _____

Phone: (____) _____

E-Mail (Optional): _____

3. Name: _____

Address: _____

Phone: (____) _____

E-Mail (Optional): _____

Neighborhood Association Boundaries: (Please identify the north, south, east and west boundaries of your association or proposed association.)

SECTION 2. NEIGHBORHOOD IMPROVEMENT GRANT PROJECT

1. Please briefly describe your project.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

2. How did you choose this project? Please identify the neighborhood support for it.

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3. What specific issues and activities will you undertake as part of this project?

4. How many people will benefit from the project, and how did you arrive at this number?

5. Please identify the location of your project.

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6. Describe the specific steps that you will take to carry out your proposed project, including a time frame for completion of each step.

MILESTONE STEPS/TIME LINE

Completion Dates:

1. _____
2. _____
3. _____
4. _____

7. How will your project involve neighborhood residents, including renters and owners?

SECTION 3. PROJECT BUDGET

Please provide a project budget, including all costs needed to complete your project, including materials, services, mailing costs, etc.

ITEM	COST
GRAND TOTAL	\$

